

09/914475

U.S. APPLICATION NO. (IF KNOWN) 09/91445 37 CFR	INTERNATIONAL APPLICATION NO. PCT/FR 00/03630	ATTORNEY'S DOCKET NUMBER 1200.518
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24. The following fees are submitted:

BASIC NATIONAL FEE (37 CFR 1.492 (a) (1) - (5)) :

- ☐ Neither international preliminary examination fee (37 CFR 1.482) nor international search fee (37 CFR 1.445(a)(2)) paid to USPTO and International Search Report not prepared by the EPO or JPO **\$1000.00**
- ☒ International preliminary examination fee (37 CFR 1.482) not paid to USPTO but International Search Report prepared by the EPO or JPO **\$860.00**
- ☐ International preliminary examination fee (37 CFR 1.482) not paid to USPTO but international search fee (37 CFR 1.445(a)(2)) paid to USPTO **\$710.00**
- ☐ International preliminary examination fee (37 CFR 1.482) paid to USPTO but all claims did not satisfy provisions of PCT Article 33(1)-(4) **\$690.00**
- ☐ International preliminary examination fee (37 CFR 1.482) paid to USPTO and all claims satisfied provisions of PCT Article 33(1)-(4) **\$100.00**

ENTER APPROPRIATE BASIC FEE AMOUNT =**\$860.00**

Surcharge of **\$130.00** for furnishing the oath or declaration later than ☐ 20 ☐ 30 months from the earliest claimed priority date (37 CFR 1.492 (e)).

\$0.00

CLAIMS	NUMBER FILED	NUMBER EXTRA	RATE
Total claims	16 - 20 =	0	x \$18.00
Independent claims	1 - 3 =	0	x \$80.00

\$0.00**\$0.00**Multiple Dependent Claims (check if applicable). ☐**\$0.00****TOTAL OF ABOVE CALCULATIONS =****\$860.00**

☒ Applicant claims small entity status. (See 37 CFR 1.27). The fees indicated above are reduced by 1/2.

\$0.00**SUBTOTAL =****\$860.00**

Processing fee of **\$130.00** for furnishing the English translation later than ☐ 20 ☐ 30 months from the earliest claimed priority date (37 CFR 1.492 (f)).

\$0.00**TOTAL NATIONAL FEE =****\$860.00**

Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31) (check if applicable). ☒

\$40.00**TOTAL FEES ENCLOSED =****\$900.00**

Amount to be:
refunded \$
charged \$

\$
\$

- a. ☒ A check in the amount of **\$900.00** to cover the above fees is enclosed.
- b. ☐ Please charge my Deposit Account No. _____ in the amount of _____ to cover the above fees. A duplicate copy of this sheet is enclosed.
- c. ☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. **500548**. A duplicate copy of this sheet is enclosed.
- d. ☐ Fees are to be charged to a credit card. **WARNING:** Information on this form may become public. **Credit card information should not be included on this form.** Provide credit card information and authorization on PTO-2038.

NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status.

SEND ALL CORRESPONDENCE TO:

Liniak, Berenato, Longacre & White
6550 Rock Spring Drive, Suite 240
Bethesda, Maryland 20817

Tel: 301-896-0600
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SIGNATURE

Matthew Johnston

NAME

41,096

REGISTRATION NUMBER

August 29, 2001

DATE